

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						09/913664			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8		/					58		
9		/					59		
10		/					60		
11		/					61		
12	/						62		
13		/					63		
14		/					64		
15	/						65		
16		/					66		
17		/					67		
18		/					68		
19		/					69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24	/						74		
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29		/					79		
30		/					80		
31		/					81		
32		/					82		
33		/					83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44	/						94		
45	/						95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL	5						TOTAL IND.		
TOTAL	39						TOTAL DEP.		
TOTAL	37						TOTAL CLAIMS		